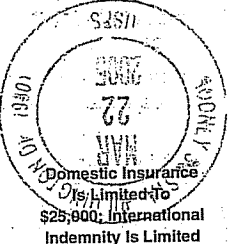
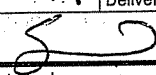


EXHIBIT A

Registered No. RA 187 584 107 45		Date Stamp 
To Be Completed By Post Office	Reg. Fee \$ 7.50	Special Delivery \$
	Handling Charge \$	Return Receipt \$ 1.75
	Postage \$ 2.44	Restricted Delivery \$
	Received by 	
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value \$	<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance
	FROM: DAVID S. EAGLE KLEAR, HARRISON, HARVEY et al 919 MARKET ST, SUITE 1000 WILMINGTON, DE 19801-3062 TO: RS-COMPUTER 12 ELKLAND RD MELVILLE, NY 11747	

PS Form 3806, June 2000 Receipt for Registered Mail (Customer Copy)
(See Information on Reverse)